

ROUTING AND TRANSMITTAL SLIP		Date	
		4/9/80	
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. Director of Security			
2.			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		

REMARKS

Bill:

Per our conversation, attached are the memos relating to revision of DCID's.



STAT

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Executive Officer/DDA	Phone No.

5041-102

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